

Witness Testimony of John Taylor, Sergeant, U.S. Army (100% Combat Disabled Ret.) 8/6/14

Chairman Miller and members of the House Committee on Veterans Affairs, it is an honor to provide testimony before you today.

My active duty combat military experience was with the 101st Airborne Rangers in Vietnam. After seeing many of my brothers die in heated combat situations within the infamous A Shau Valley area of Thua Thien/Hue, and being shot twice and bayoneted on the same day, dying on the MASH unit surgery table (and obviously returned to life), I never imagined any of us would come back home to die directly related to post combat medical care in our VA hospitals. Sadly, as you are now aware, that has become a painful reality.

After being combat disabled retired from the military, I completed my degree in Business Administration, with a Pre-Med Biology minor. Half of my career was spent in corporate management for Dun & Bradstreet. More important to this hearing, I spent the last half of my career (12 years) in medical administration; hospital director, nursing home administrator, medical hospital-satellite manager, urgent care center director, substance abuse center director and psychiatric center director.

In the interest of saving this Committee time with respect to my evaluations and solution recommendations, please let me refer you to a previous field hearing you had on 10 July 2014, "Service should not lead to suicide: Access to VA's mental health care." One of my younger brothers'-at-arms, U.S. Army (RET.) Sgt. Josh Renschler's gave an excellent testimony before this Committee. Even though we came from different wars, basic problems, observations, and suggested resolutions are essentially the same. I can, however, give you a significant variation I would term "acute rural'ality". Being in a rural, desert community, systemic problems encountered throughout the country are greatly intensified in southeastern New Mexico. As a quick example ; Following the CARES COMMISSION findings during President Bush's last term in office, a Director of Rural Administration was created to help eliminate our acute problem of rural access in our area. As it turned out, that rural administrator responsible for resolving our problems was none other than our Administrator of the Albuquerque VA Hospital,--the very person, historically, refusing our request for local fee-base services. Ineffectual outcomes are obvious.

For the last nine years, I have published a weekly "Veterans Advocate" column in our local newspaper, the *Roswell Daily Record*. The column is a volunteered, non-compensated, freelance work, having no allegiance to any person or group, except to my brother and sister veterans. Over the years, I've made members of both sides of the aisle uncomfortable to say the least. However, the majority of my rants have now shown to be true. Like so many other public-forum veterans' advocates are asking, " Why did it take the recent deaths of so many of us to prove what we advocates have been claiming for so many years was true?"

It is important to note, our deaths were majorly not due to medical care provided by our VA medical professionals (physicians, nurses and medical support personnel), but from administrative "games" played by VA administrative leaders and by system oversight groups. I've made that statement publicly, several times over the last nine years, only to be ignored or politely told either "were working on a resolution" or "you're not correct in your accusations". Finally, saddest of all, my claims have been validated with the many deaths

recently “uncovered” (and still being uncovered) thanks to courageous whistleblowers. The retaliation they received, as you all have been made aware, is the perfect example of the VA’s response to anyone questioning the VA’s activities. Veterans, families and friends have not, and continue to not, come forward due fear of reprisal. The VA has historically denied this to be true, but as you yourself have recently seen, the VA seems to have a problem with the truth. I personally can offer proof this has occurred long before the recent “awakening”.

I have respectfully submitted a few of my VET ADVO columns in support of my testimony today, most of which are 6 to 9 years old. This illustrates real-life catastrophes I have encountered over my nine years as advocate, which were literally ignored or denied as being accurate by our State VA administrators and Government officials. We all now know how invalid the VA denials were, and still are. Two specific sets of columns illustrate factually the problems and battles we have faced with the Albuquerque VA Hospital administrators, consistently denied by the VA as being accurate.

1. The first was a series of columns I did on a chronic PTSD veteran who over the space of more than one year threatened to commit suicide due to his Desert Storm nightmares. His wife approached Col. Ron McKay (USMC Retired) and me with horror stories of her lack of effective treatment for her husband by the VA. Apache (my column name for my brother to respect his privacy) had undergone several “treatment modalities” lasting from three days to three months in-patient sessions. More than once, he was sent home in a cab (for a two and one half hour drive), before which he would ask the driver to “swing by” the nearest Albuquerque liquor store to make his journey easier. His primary substance abuse/dependency directly related to his PTSD was alcohol. Knowing this, his treatment team and or patient discharge planner should have known this was a perfect storm doomed to failure. Each time, Apache return home totally inebriated, once again threatening suicide. He was instructed by his Albuquerque VA treatment clinician to report to a local VA social worker for “after-care”. During the first visit (Apache and his wife), as reported by his wife, the counselor asked, “So what is it you want me to do? You know, you could go to AA and get some help.” A furious Apache and his wife got up and left. In my experience as a director of a psychiatric center and an inpatient substance abuse center, after-care for either malady requires, at a minimum, the services of a certified psychiatric counselor or certified substance abuse counselor (for facility licensure by Texas and New Mexico), not a social worker. Eventually, Apache was found dead one night outside his house, in spite of repeated request to the VA for help keeping him alive. The VA response? He was non-compliant. In other words, they gave up!
2. The second set of columns dealt with several cases I followed involving the unacceptable six-plus hour round-trip drive to the Albuquerque VA Hospital from Roswell. One involved an 86-year-old veteran with stomach cancer (with an active drainage catheter) who had to be driven to Albuquerque 2 to 3 times a month by his 87-year-old wife, who was in failing health herself. His primary care physician at the VA Artesia clinic had requested approval for him to be seen locally, in Roswell. That approval never came. To this day, I have the uneasy feeling Mr. Borum died prematurely due to the stress this put on his system.
3. Additionally, in one column I actually reported a conference call I had with VA Albuquerque Administrative Staff concerning fee-based (local contract) dental care for 100% service-connected

veterans in Roswell. The assurances and “promises” of local contract dental care by administrative heads in Albuquerque were later found to be lies, subsequent to my telephone visit with a staff dentist at the Albuquerque hospital. When I approached the VA Hospital Administrator at that time, he refused to review the incontrovertible evidence I offered him. His response to me (several times) was, “My people don’t lie!” I have reliable witnesses to that encounter. To the point of ineligibility for local care (fee-based services) in Roswell, Roswell has been denied local access to fee-based services because it was “determined” by the VA to be less than 40 miles from the nearest CBOC. That also has been a lie each and every time it was offered by the VA. Last week, I measured the actual distance from our nearest CBOC (Artesia, New Mexico), and found it to be (exactly) 45.6 miles to my front door, and 43.8 miles from the center of town, accurately showing half of Roswell is at least 44 miles from the Artesia VA CBOC (greater than the “less than 40 mile” rule). This certainly was not the 38 mile VA calculated distance given in our several denials for local contract services. Additionally, when Taos, New Mexico received a “shadow clinic” which we were also promised, we were denied due to the 38 mile determination. I did a study finding that Taos was in fact closer to its nearest CBOC than Roswell was to the Artesia VA clinic. In fact, there were over 100 clinics built in our quad-state region in violation of the “40- mile” rule.

I apologize for this lengthy testimony, but after nine years of reporting on these issues and warning everyone of the obvious, predictable outcomes, I hope this report does not, once again, fall on deaf ears. Simply stated; (1) Systems monitored by its own department members (no matter the claims of independent watchdog status) do not and will not work. (2) Paying bonuses to upper echelon administration is a crafty mechanism created by “upper management” to milk the system. I know! I’ve been there. In my many years as a medical administrator, my reward (bonus if you please) was continued employment next year. The contrived reason for VA bonuses (reported in other House and Senate committee hearings) is to entice and retain competent administrators. That, Hon. Committee members, is a fallacy perpetrated on those who have not worked in the medical arena. Competence in our current VA administration (based on this bonus rule) has been proven grossly lacking among our current VA “hand-pick” wonder kids! In my experience, it’s safe to say you would find a sufficient queue of qualified applicants for each VA administrator position you currently find “not up to par”. Current doctors and medical administrators being RIF’ed (Reductions in Force) in the Administration’s military drawdown could easily and effectively be placed in certain comparable positions recently found “lacking” within the VA administrator network.

I sincerely hope my testimony and attached resource materials will help you with your enormous task of keeping my brother and sister veterans alive once they return home, after surviving death on the battlefield.

I would be pleased and honored to answer any questions you may have. God bless you in your efforts, God bless my brother and sister veterans, and God bless our Nation. Thank you.